

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007815

FILED
Mar 16, 2011
Secretary of State

Entity Name: MT. BEASOR PRIMITIVE BAPTIST CHURCH OF SOPCHOPPY, FLORIDA, INC.

Current Principal Place of Business:

29 WINTHROP AVE.
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

859 OAK PARK ROAD
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 51-0644044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, AARON B.
200 FRIENDSHIP CHURCH RD.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: TAYLOR, AARON B.
Address: 200 FRIENDSHIP CHURCH RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DS
Name: QUIGG, JESSE M.
Address: 859 OAK PARK RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: DV
Name: MCKENZIE, HOWARD E.
Address: 267 PARK AVE.
City-St-Zip: SOPCHOPPY, FL 32358

Title: DR
Name: INGRAM, HERMAN S.
Address: P.O. BOX 246
City-St-Zip: SOPCHOPPY, FL 32358

Title: DT
Name: HUTTON, WILLIAM R.
Address: P.O. BOX 273
City-St-Zip: PANACEA, FL 32346

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON B. TAYLOR

DP

03/16/2011

Electronic Signature of Signing Officer or Director

_____ Date